MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

01009

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Worcester.
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Thomas Sanders Aydelotte.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married.

6.(b) Name of husband or wife Hattie Aydelotte
6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1870

8. AGE: Years	Months	Days	If less than one day
76	11	6	...hrs. ...min.

9. Birthplace Cedartown, Wor. Co. Md.
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business

FATHER
12. Name Josiah Aydelotte.
13. Birthplace Maryland.

MOTHER
14. Maiden name Leah Jane Purnell.
15. Birthplace Maryland.

16. Informant Mrs. Thomas Aydelotte
Address Berlin Md

17. Burial Date thereof 1/19/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin Md
18. Funeral director Irma R. Burbage
Address Berlin Md.

19. 1-18 1947 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 [redacted] 1947 at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19... to ...19...
and that I last saw him alive on Jan 22 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. R. Low MD
M. D. or other
Address Berlin Md. Date signed 1-18-47

RECEIVED
JAN 20 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

01010

CERTIFICATE OF DEATH

Reg. Diat. No. 351

1. PLACE OF DEATH:
County Worcester
City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 66 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) 70
2.(a) If veteran, name war

3.(a) FULL NAME Clarence Edward Bladen

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Hattie W. Bladen
6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov. 14 - 1880

8. AGE:

Years	Months	Days	If less than one day
66	2	3	hrs. min.

9. Birthplace Girdletree Worcester, Md (Town, county, and state)
10. Usual occupation State Employee Tide Water Fisheries
11. Industry or business Fishing Bay
FATHER 12. Name Theodore Bladen
13. Birthplace Maryland
MOTHER 14. Maiden name Ellen Dickerson
15. Birthplace Maryland
16. Informant Mrs Hattie W. Bladen
Address Girdletree, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 19 47 (month) (day) (year)
Cemetery or crematory Adams Hill
Location Girdletree, Md
18. Funeral director Leroy B. Timmons
Address Snow Hill, Md
19. 1/19 (Date rec'd by registrar) 1947 R. Ray Purnell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1947 at 8:30 p. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1946 to 17 Jan 1947 and that I last saw him alive on 17 Jan 1947

Immediate cause of death	DURATION
Cardiac Failure	
Due to Coronary Occlusion	6 mo
Due to Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herman Adkins M. D.
M. D. or other
Address Snow Hill, Md Date signed 18 Jan 47

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 22 1947
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Kathe Davis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

CERTIFICATE OF DEATH

01015

Reg. Dist. No. 3550

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution? 85 years 6 D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Denard William Brittingham.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower.

6.(b) Name of husband or wife Margaret D Brittingham
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1862

8. AGE: Years	Months	Days	If less than one day
84	1	26	..... hrs. ..... min.

9. Birthplace Berlin Wor Co. Md.
(Town, county, and state)
10. Usual occupation Retired Officer.
11. Industry or business Town Police.
FATHER 12. Name George W. Brittingham
13. Birthplace Berlin Md.
MOTHER 14. Maiden name Katherine Davis
15. Birthplace Berlin Md.
16. Informant Miss Flora Brittingham
Address Berlin Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/14/47 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin Md.
18. Funeral director Emma A. Bunting
Address Berlin Md.
19. 1-14- 1947 Helen I. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 Jan. 1947 at 12:10 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1946 to 12 Jan 1947
and that I last saw him alive on 11 Jan 1947

Immediate cause of death	DURATION
Hypertensive Cardio-vascular-renal disease	5 years +
Due to Arteriosclerosis	10 years +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Nathaniel T. Thawley M. D. or other
Address Ocean City Md Date signed 13 Jan 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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93d

CERTIFICATE OF DEATH

Reg. Dist. No. 354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Girdletree RFD #1 Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Girdletree RFD #1 Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Boy Trou
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME John Silas Douglas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6.(b) Name of husband or wife: Annie Douglas

6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): February 1862

8. AGE: Years	Months	Days	If less than one day
84	1		hrs. min.

9. Birthplace: Worcester Co Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: James Douglas
13. Birthplace: Maryland

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Ira Douglas son
Address: Snow Hill Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 15 1947 (month) (day) (year)

Cemetery or crematory: Cool Spring

Location: Girdletree

18. Funeral director: Grin Bennett

Address: Stockton md

19. Jan 15 1947 (Date rec'd by registrar) Mary M Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12 19 47 at 9.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8 19 47, to Jan 12 19 47

and that I last saw h... alive on Jan 9 19 47

Immediate cause of death	DURATION
Hypostatic Pneumonia	10 Days
Due to: arterio-sclerotic heart disease	unknown
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Saml Cohen M.D
M. D. or other

Address: Snow Hill Md Date signed: 1/14/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 939

CERTIFICATE OF DEATH

01013

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Berlin R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester.

City or town Berlin R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth Godfrey.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow.

6.(b) Name of husband or wife George Godfrey.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1857

8. AGE:

Years	Months	Days	If less than one day
89	2	14	..... hrs. ..... min.

9. Birthplace Snow Hill, Worc. Md R.F.D. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER

12. Name John Aydelotte.

13. Birthplace Md.

MOTHER

14. Maiden name Clara Aydelotte.

15. Birthplace Md.

16. Informant Mrs. Elijah Bradford

Address Berlin Md R.F.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1/20/47 (month) (day) (year)

Cemetery or crematory (Beauchamp's Private)

Location Snow Hill, Md R.F.D.

18. Funeral director Anna A. Burbage

Address Berlin Md.

19. 1-18-1947 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 Jan 47 19 47 at 17.00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 Jan 1947 to 17 Jan 1947 and that I last saw h[illegible] alive on 17 Jan 1947

	DURATION
Immediate cause of death Acute Intestinal obstruction	
Due to Debility, senility	5 mo
Due to	
Other conditions Chronic degeneration DEGENERATIVE Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kenneth Aydelotte M.D. M. D. or other

Address Berlin, Md Date signed 1/18/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 20 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01015

Reg. Dist. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Newark
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Newark
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Archer G. Holloway

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Martha E. Holloway
6.(c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): June 27 1862

8. AGE: Years: 84 Months: 7 Days: 2 If less than one day: hrs. min.

9. Birthplace: Pittsville, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Farmer
11. Industry or business:

MOTHER / FATHER
12. Name: Daniel Holloway
13. Birthplace: Maryland
14. Maiden name: Margaret Evans
15. Birthplace: Maryland

16. Informant: Mr. William D. Holloway
Address: Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 31 47 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Snow Hill Md

18. Funeral director: Leroy E. Dennis
Address: Snow Hill Md

19. 1/31/47 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 29 1947 at 6.20 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1 1945 to Jan 29 1947 and that I last saw him alive on Jan 28 1947

Immediate cause of death	DURATION
Terminal Lobular Pneumonia	2 days
Due to Bronchopneumonia. Cause.	1 week
Due to Hypertension, arteriosclerosis, prostatectomy	1 year
Other conditions	unknown

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Paul Owen M.D.
M. D. or other
Address: Snow Hill Date signed: 1/31/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH PEN AND UNFADING INK. Supply every item of information called for carefully. Give correct age in years, months, and days. Physicians: please write the causes of death clearly and legibly. It is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01014

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Worcester.
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 years.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester.
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War II

3. (a) FULL NAME: Lloyd Lawrence Hastings

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married.

6.(b) Name of husband or wife: Lola W. Hastings
6.(c) If alive, give age: 19 years

7. Birth date of deceased (mo., day, yr.): April 10, 1921

8. AGE:

Years	Months	Days	If less than one day
25	8	26	...hrs. ...min.

9. Birthplace: Berlin Va Co. Md
(Town, county, and state)
10. Usual occupation: Discharged Veteran
11. Industry or business: U.S. Army.
FATHER 12. Name: Francis A. Hastings
13. Birthplace: Md.
MOTHER 14. Maiden name: Marie Claywell
15. Birthplace: Md
16. Informant: Mrs Francis A. Hastings
Address: Berlin Md
17. (Burial, cremation, or removal. Which?) Burial Date thereof 1/8/47 (month) (day) (year)
Cemetery or crematory: Buckingham
Location: Berlin Md
18. Funeral director: Anna A. Burbage
Address: Berlin Md
19. 1-8-47 (Date rec'd by registrar) Helen E. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6 January 1947, at 4:P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1946 to January 1947 and that I last saw h... alive on January 6 1947

	DURATION
Immedia... cause of death: Pulmonary Tuberculosis	2 years
Due to:	
Due to:	
Other conditions: Tuberculous of Larynx	3 mos.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Nathaniel F. Thomas M. D. or other
Address: Ocean City Date signed 8 Jan 47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01016

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Rural Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 39 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Rural Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Alma Gertrude Hurley

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Goldsborough Hurley
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): August 21, 1891

8. AGE:

Years	Months	Days	If less than one day
55	4	29	hrs. min.

9. Birthplace: Chincoteague Accomac Co. Va.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: O. J. Dutton
13. Birthplace: Virginia
MOTHER 14. Maiden name: Ida E. Hartlove
15. Birthplace: Virginia
16. Informant: Mrs. Ruth Parsons
Address: Rural Pocomoke Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22 1947 (month) (day) (year)
Cemetery or crematory: Salem M.E. Cemetery
Location: Pocomoke Md.
18. Funeral director: Henry E. Watson
Address: Pocomoke Md
19. Jan 22, 1947 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 20 1947 at 7:35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1932 to Jan 19 1947 and that I last saw h[illegible] alive on Jan 19 1947

	DURATION
Immediate cause of death	
Due to: Arthritis Deformans	15 years
Due to: PURPURA	
Other conditions: Purpura	week

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. E. Jastonis MD
M. D. or other
Address: Pocomoke City Md Date signed 1/24/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

01017

Reg. Dist. No. 3510

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 60 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) 70
2.(a) If veteran, name war

3.(a) FULL NAME Mary Ann Johnson

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife Walter T. Johnson
6.(c) If alive, give age do years

7. Birth date of deceased (mo., day, yr.) March 11 - 1882

8. AGE:

Years	Months	Days	If less than one day
64	10		hrs. min.

9. Birthplace Snow Hill Worcester MD
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Own Home
FATHER 12. Name Purlie Collins
13. Birthplace Maryland
MOTHER 14. Maiden name Mckinnon
15. Birthplace
16. Informant Walter T. Johnson
Address Snow Hill, MD
17. Burial (Burial, cremation, or removal?) Date thereof Jan 14 47 (month) (day) (year)
Cemetery or crematory Baptist
Location Snow Hill MD
18. Funeral director Clay C. Dennis
Address Snow Hill MD
19. 1/14 1947 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1947, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1946, to 11 Jan 1947
and that I last saw h[illegible] alive on 11 Jan 47 1947

Immediate cause of death Septic e
myocarditis

DURATION

Due to Cerebral Thrombosis
with Hemiplegia & Incontinence

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herman A. Rabbitt M.D.
M. D. or other
Address Snow Hill, Md Date signed 1/15/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 16 1947
BUREAU V S.

1 — 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

01018

Reg. Dist. No. 3550

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH:

County Worcester

City or town Berlin R 7D

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Daniel Joseph

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Betty Joseph

6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1883

8. AGE: Years	Months	Days	If less than one day
63	11	16	hrs. min.

9. Birthplace Seaford Del

(Town, county, and state)

10. Usual occupation Watchman

11. Industry or business

FATHER

12. Name Theodore Joseph

13. Birthplace Delaware

MOTHER

14. Maiden name Maggie Allen

15. Birthplace Delaware

16. Informant Mrs. Daniel Joseph

Address Berlin Rd R 7D

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/5/47 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md

18. Funeral director Dunn A Bunting

Address Berlin, Md

19. 1-3-47 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 19 47, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 - 1946, to Jan 2 1947

and that I last saw h- alive on Jan 2 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage,	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas R. Farr M. D. or other

Address Berlin Md Date signed 1-3-47

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JAN 6. 1947
BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

574

0101

Reg. Diat. No. 351

1. PLACE OF DEATH:

County: Worcester

City or town: Girdletree

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 wks

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Virginia County: Accomack

City or town: Girdletree Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Merritt Marshall

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Evelyn Marshall

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): March 2, 1872

8. AGE: Years	Months	Days	If less than one day
74	10	9	hrs. min.

9. Birthplace: Marsh Market Virginia (Town, county, and state)

10. Usual occupation: retired waterman

11. Industry or business

FATHER

12. Name: Thomas Marshall

13. Birthplace: Marsh Market

MOTHER

14. Maiden name: Sally Hall

15. Birthplace: Marsh Market

16. Informant: Ira McDonald

Address: Girdle Tree, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 7, 1947 (month) (day) (year)

Cemetery or crematory: Downing Cem. Co.

Location: Oak Hall, Va.

19. Funeral director: Jno. Johnson Inc.

Address: Parksley, Va.

19. 1/30/47 (Date rec'd by registrar) R. Ray Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 30, 1947, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1946, to Jan 30 1947 and that I last saw h.m alive on Jan 29 1947

Immediate cause of death	DURATION
Brain Tumor	4 mo
Due to	
Due to	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul Cohen M.D. M. D. or other

Address: Snow Hill Md. Date signed: 1/30/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0108 Dr Schott.

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin R 7 D

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Berlin R 7 D

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Comellon Levada Martin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: Roy B. Martin

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): April 23, 1883

8. AGE:

Years	Months	Days	If less than one day
63	8	14	hrs. min.

9. Birthplace: Cogan, West Virginia (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER — 12. Name: Charles Post

13. Birthplace: Bremen Germany

MOTHER — 14. Maiden name: Julia A. Wright

15. Birthplace: West Virginia

16. Informant: Mr. Roy Martin

Address: Berlin Md R 7 D

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/9/47 (month) (day) (year)

Cemetery or crematory: Riverside

Location: Berlin Md R 7 D.

18. Funeral director: Owen A. Burbage

Address: Berlin Md

19. 1-9-1947 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-7-47, 19..., at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1-46, 19..., to 1-7-47, 1947 and that I last saw h[illegible] alive on 12-28-46, 19...

Immediate cause of death	DURATION
Carcinoma of Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Schott, M. D. or other

Address: Berlin Md Date signed

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 13 1947
BUREAU OF S.

Evidence for the change of age is shown on G 108 1/10/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

939

Reg. Dist. No. 01021 3550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charlotte M Miller

3.(b) Social Security Number

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband or wife George Miller
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1859

8. AGE: Years	Months	Days	If less than one day
87 ~~88~~	0	6	..... hrs. ..... min.

9. Birthplace England (Liverpool)
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name unknown
13. Birthplace
MOTHER 14. Maiden name unknown
15. Birthplace
16. Informant Mrs. Charles Carter
Address Berlin Md
17. (Burial, cremation, or removal, which?) Burial Date thereof 1/4/47 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin Md
18. Funeral director Burnis S. Bunting
Address Berlin Md
19. 1-3 1947 Helen L. Hayward Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 Jan 1947, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1946, to Jan 1947
and that I last saw h.e.r. alive on 24 Dec 1946

Immediate cause of death	DURATION
Hypertension	1 year
Cardio vascular disease	1 year
Due to	
Due to	
Other conditions myocardial failure	1 month

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Elsie B Miller Coe M.D.
M. D. or other
Address Ocean City Md Date signed 1-3-1947

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JAN. 6 1947
BUREAU OF S

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

01022 350

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mos

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Pocomoke Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 404 Bennett Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lizzie Selby

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	W

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1884

8. AGE:

Years	Months	Days	If less than one day
62	10		hrs. min.

9. Birthplace Va

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Henry Brown

13. Birthplace Va

MOTHER 14. Maiden name not known

15. Birthplace " "

16. Informant Ella Humphreys

Address Pocomoke Md

17. Burial Date thereof Jan 13 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Hope Cemetery

Location Welbourne, Maryland

18. Funeral director H Harvey Broadaway

Address Pocomoke, Md

19. Jan. 15, 1947 Anne E. White

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1947, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1943, to Jan 10 1947

and that I last saw h alive on Jan 1946

Immediate cause of death	DURATION
Myocardial degeneration	4 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Gritton M. D. or other

Address Date signed 1-10-47

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1-35

01023

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill Rural #2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill Rural #2
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Sanders Smith

3.(b) Social Security Number: None

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Ponie Smith
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Nov. 10 - 1884

8. AGE: Years: 62 Months: 2 Days: 0 If less than one day: hrs. min.

9. Birthplace: Snow Hill Worcester Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: William Smith
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Caddie Duffey
MOTHER 15. Birthplace: Maryland
16. Informant: Mrs. Estella Johnson
Address: 1407 13th St Phila, Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 13 47 (month) (day) (year)
Cemetery or crematory: Hollis Chapel
Location: Snow Hill Md
18. Funeral director: Clay E. Dennis
Address: Snow Hill Md
19. 1/13 1947 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10 1947 at 7:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1947 to Jan 10 1947 and that I last saw h alive on Jan 10 1947

	DURATION
Immediate cause of death: Cerebral Vascular accident	4 Hrs
Due to: Hypertension, Cardio-Vascular renal disease	5 Yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Snow Hill Date signed 1-11-47

Sence Jan. 13/47 Monday St James Calumet

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JAN 17 1947
BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01124

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Rural, Pocomoke
(If outside city of town limits, write RURAL and give nearest town)
How long in above place of death? 3 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4th St
(If rural, give LOCATION)
2.(a) If veteran, name war: /

3.(a) FULL NAME: James Stevenson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6.(b) Name of husband or wife? deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 1, 1883

8. AGE: Years: 64 | Months: 0 | Days: 18 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Pocomoke - Worcester Md
(Town, county, and state)

10. Usual occupation: Paper Hanger

11. Industry or business: Papering

FATHER
12. Name: Ned Stevenson
13. Birthplace: Unknown

MOTHER
14. Maiden name: Leah Waters
15. Birthplace: Unknown

16. Informant: Mrs Addie May Matthews
Address: Rt # 3, Pocomoke Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22, 1947 (month) (day) (year)
Cemetery or crematory: Hills Hill Cem
Location: Rural, Pocomoke, Md

18. Funeral director: H. Harry Brereton
Address: Pocomoke Md

19. Jan. 22, 1947 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 19 1947 at 3.a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 1947 to Jan 19 1947
and that I last saw h[illegible] alive on Jan 1, Det 1947

Immediate cause of death	DURATION
Due to: Cerebral Hemorrhage	2 days
Due to: Arteriosclerosis	2 Yrs
Other conditions: Senile prostatitis;	yrs

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: M. E. Gutorney M. D. or other
Address: Pocomoke City Md Date signed 1/20/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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JAN 24 1947
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01125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

★ Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Worcester.
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 30 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester.
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sarah Elizabeth Tarr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife George Tarr.
6.(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1868

8. AGE: Years	Months	Days	If less than one day
78	11	23	hrs. min.

9. Birthplace (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Zadock Lemmerwell.
13. Birthplace Maryland.

MOTHER
14. Maiden name Sarah Bowers
15. Birthplace Maryland

16. Informant Mrs. George Tarr
Address Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/15/47 (month) (day) (year)
Cemetery or crematory Evergreen.
Location Berlin Md

18. Funeral director Anna A. Burbage
Address Berlin Md.

19. 1-15-47 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1947, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 1947, to Jan 13 1947
and that I last saw h[illegible] alive on Jan. 13, 1947

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clifford E. Lobott M. D. or other
Address Berlin Md. Date signed

RECEIVED
JAN 16 1941
BUREAU V. S.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

01026

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Mattie D. Truitt

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife George W. Truitt
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 3 - 1866

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
80	10	4		

9. Birthplace Snowhill Worcester Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER 12. Name Frederick J. Dukes
13. Birthplace Maryland
MOTHER 14. Maiden name Martha E. Jones
15. Birthplace Maryland
16. Informant Mrs. Frank Truitt
Address Snow Hill, Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 10/47 (month) (day) (year)
Cemetery or crematory Presbyterian
Location Snow Hill, Md
18. Funeral director Allen E. Dennis
Address Snow Hill Md
19. 1/10 1947 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1947, at 11 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug - 1944 to JAN 7 1947
and that I last saw h. alive on JAN 7 1947

Immediate cause of death	DURATION
Acute Pulmonary Edema	1 day
Due to Hypertensive Cardiovascular Renal disease	10 yrs
Due to Senility	
Other conditions Early Senile dementia	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Robert C. La Motte, M. D. or other
Address Snow Hill Date signed 1-9-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 13 1947
BUREAU V. M.